



Promoting Health and Physical Literacy:

Principles for Sport Clubs, Schools, Communities and Health Centres

Contents

1. Introduction | 3

2. General principles | 5

3. Principles that can apply to specific settings | 9

3.1. Sports Clubs | 10

3.2. Schools | 11

3.3. Communities | 13

3.4. Health Centres | 14

4. Conclusion | 16

1. Introduction





Physical and health literacy are foundational concepts in promoting a healthy lifestyle. They emphasise the skills, knowledge, and attitudes necessary for individuals to lead active and healthy lives. Applying general principles that support these literacies across various settings—such as sport clubs, schools, communities, and health centres—ensures a more inclusive and cohesive approach to health promotion.

Our prior research on promoting physical and health literacies in four settings—schools, sport clubs, communities, and health centres—highlighted some key principles. Integrating these guiding principles across these four key settings makes it possible to create a supportive ecosystem that empowers individuals of all ages and levels of ability to engage in a healthy, active lifestyle.

As a result of our collective research within the Moving for Health project, the following principles emerge as concepts that can be applied to all four settings mentioned above. These principles are grounded in findings from the research phase and enriched by the additional work completed by experts in each setting.

2. General principles

Tailored approaches:

Specific and individual conditions of people and their life circumstances necessitate that a successful promotion of Physical Literacy (PL) and Health Literacy (HL) is carried out based on approaches adapted to these very characteristics and circumstances. Gender, age and stage of personal life (childhood, adolescence, adulthood and old age), socioeconomic and living conditions, personality characteristics (physical, psychological, emotional and social) and motivation to engage in physical activity and health promotion, among others, are factors that affect people's educational needs to further develop individual HL and PL levels. Leaders and educators must be aware of this fact to properly prepare and implement the different PL and HL improvement programs. Approaches can be family-, organisation- (e.g., school, sport or health sector), or environment-based.

Empowerment and awareness:

The idea of a development journey or pathway was developed to support the design of different approaches to empowering and promoting awareness about PL and HL. The Health Literacy Pathway-Model *describes how HL develops along a trajectory that enables individuals supported by others to seek, engage with and act on health information to manage their health and become actively involved in health system consultations and informed decision-making*¹.

Shared decision-making:

In implementing the PL and HL development programmes, the sharing of knowledge among stakeholders, namely leaders, technicians, and users, has been pointed out as a source of success for these very programmes. Some experiences aim to integrate the knowledge pools of professionals' medical knowledge and patients' experiential knowledge when negotiating treatment in healthcare encounters. Some PL-projects created self-assessment systems, which promote the interaction between the user and the theorist or technician when it comes to knowledge on or perception of PL.

Autonomy:

Autonomy empowers individuals to make informed and self-directed choices about their health and well-being. When people feel autonomous, they are more likely to engage in health-promoting behaviours, sustain active lifestyles, and take responsibility for their own physical and mental health.

¹ Guide to health literacy by Council of Europe. Available on: https://www.coe.int/en/web/bioethics/health-literacy-tools/-/highest_rated_assets/rPXyD7phSsK9/content/health-literacy-pathway-model-united-states#:~:text=The%20Health%20Literacy%20Pathway%20Model,consultations%20and%20informed%20decision%2Dmaking.

Inclusion:

Inclusion ensures that everyone, regardless of age, background, ability, or experience, has equal access to health and wellness opportunities. By providing an inclusive environment, each setting — schools, sport clubs, communities, and health centres — can create supportive spaces where individuals feel valued, empowered, and motivated to engage in healthy behaviours.

Inclusive design:

It provides movement opportunities for all people and participants to discover, develop, and be accepted, no matter their interests or ability levels, creating a context where everybody can participate and thrive through movement. It allows individuals to explore and develop their unique physical abilities while promoting PL and HL.

Innovation:

Innovation allows each setting to adapt to changing needs, incorporate new research findings, and use creative approaches to engage participants. Innovative strategies in schools could include incorporating gamified learning experiences to make health promotion and health education more appealing. Health centres can use novel health technologies and preventive care practices, while communities might embrace creative approaches to public health campaigns. Sport clubs can introduce unique training methods that keep athletes engaged and motivated. By embracing innovation, all settings stay relevant, engaging, and effective in promoting HL and PL.

Sustainability:

Sustainability ensures that the principles and practices learned in PL and HL promoting programmes can be maintained long-term, benefiting individuals and communities in the long run. In schools, sustainable health programs foster habits that students can carry into adulthood. Health centres that emphasise sustainable practices—such as implementation of preventive health care programmes—reduce the need for costly treatments and encourage healthier populations.

Digital health literacy:

Digital health literacy becomes increasingly essential for accessing and understanding health information in the modern world. In schools, digital health literacy helps students critically evaluate online health resources and learn about fitness apps and other health related digital tools. Health centres can use digital health literacy to empower patients to manage health records, access telemedicine, and navigate online health portals. In community settings, digital health literacy enables individuals to participate in virtual wellness programs and connect with local health resources. Sport clubs can use digital platforms for training analytics, fitness tracking, and communication. Overall, digital health literacy equips individuals across all settings to access, interpret, and apply health information effectively, further strengthening PL and HL.

Lifelong learning:

Lifelong learning is a principle that encourages continuous development and adaptation of HL and PL. In schools, fostering a mindset of lifelong learning prepares students to continue health practices beyond their formal education. Health centres that support ongoing health promotion and health education empower patients to stay informed about emerging health recommendations and preventive practices. In community settings, lifelong learning enables individuals to seek new health knowledge and adapt to changes in personal wellness needs. For sport clubs, lifelong learning encourages athletes to evolve skills, adapt to ageing, and stay motivated. By promoting lifelong learning, each setting supports individuals in sustaining healthy habits and adapting to new health information.

PL/HL advocacy:

Advocacy for PL and HL is crucial because it raises awareness and promotes policy changes that support widespread access to health resources and education. In schools, advocacy can lead to better funding for health programmes and improvements in the physical education curricula. Health sectors and health centres can advocate for public health policies that improve preventive care, reduce healthcare disparities, and promote wellness. In communities, advocacy can push for more public health resources, safe recreational spaces, and wellness initiatives that benefit all residents. Sport clubs can use advocacy to promote inclusive access to physical activities and support athletes' health and well-being. Advocacy amplifies the importance of physical and health literacy, ensuring it remains a priority across all settings.

Professionals are the drivers of change:

The need for development of PL and HL in the general population necessitates the creation of training programmes in different life contexts. The preparation of professionals to assume the leadership of such programmes must be a priority for every society. To achieve this, it is essential to define the competences these professionals need to develop. In terms of PL, some countries have begun training educators to implement effective programmes that enhance students' PL. Similarly, the growth of HL is creating new job opportunities and workforce requirements, positioning HL as a valuable professional skill. With increasing emphasis on HL research and policymaking, it is becoming a critical competency sought by health authorities and systems.

Cross-sector collaboration:

To implement successful programmes, it is important to partner with various sectors and local organisations. PL and HL can bring everyone to the table and serve as a beneficial, neutral starting point and innovation tool that can be shared across sectors. Having a shared understanding of the Why, How, and What of PL and HL can increase the effectiveness and sustainability of programmes.

3. Principles that can apply to specific settings

While general principles provide a foundational framework for the development of PL and HL, each setting — schools, sport clubs, communities, and health centres — also requires specific principles that address its unique environment and audience. These setting-specific principles often align with overarching goals, yet they differ in approach and application to meet each context's distinct needs and objectives.

By identifying and implementing these setting-specific principles alongside the general ones, each setting can cultivate an environment that maximises the potential for individuals to build and sustain high PL and HL levels. This approach ensures that HL and PL development efforts are both universally applicable and adaptable to each setting's unique characteristics.



3.1. Sport Clubs

The following key principles outline strategies for designing programmes that promote HL and PL in sport clubs.

- **Holistic view:** Sport clubs should adopt a holistic view that integrates health promotion into all operations, from management to coaching. This approach ensures that health-enhancing behaviours are embedded into the club's culture and practices, benefiting all members, regardless of their level of participation.
- **Inclusion:** Programmes should be designed to be inclusive, catering to various population groups, including children, seniors, all genders, and individuals with disabilities. This inclusivity ensures that everyone can participate and benefit from the HL and PL programmes offered by the sport clubs.
- **Tailored programmes:** Given the fact that different groups have varying needs, sport clubs should offer tailored programmes that address their members' specific educational requirements. For example, youth programmes might focus on developing fundamental and functional movement skills (strength, speed, power, agility, anaerobic capacity, aerobic capacity, mobility, balance and coordination, mental resilience, and stability). In contrast, adult programmes could emphasise maintaining fitness and preventing injury.
- **Cross-sector collaboration:** Sport clubs should collaborate with other sport clubs, movement opportunity providers, and external partners, including local health organisations, schools, and community groups, to enhance the reach and effectiveness of their health promotion activities and PL/HL development. These partnerships can provide additional resources and expertise, making the programmes more comprehensive and influential.

- **Creating a supportive and growth-focused environment:** Sport club environment should be supportive and encouraging, and should focus on enjoyment and personal growth rather than competition alone. A task-solving or learning-oriented environment fosters a positive experience, increasing motivation and long-term engagement in physical activities.
- **PL and HL advocacy:** Sport clubs should promote and raise awareness about PL and HL among parents and family members to build a strong support system.
- **Evaluation and refinement:** The design and implementation of PL and HL programmes should involve regular evaluation and refinement. By continually assessing their programmes' effectiveness, sport clubs can make data-driven adjustments that improve outcomes and ensure the programmes remain relevant and effective.
- **Health education:** Beyond physical activity, sports clubs should incorporate health education into their programmes. This could include workshops on nutrition, mental health, regeneration, hygiene, and overall health prevention (how to take care of the body), injury prevention, rehabilitation after injuries and return to the training process. They should offer physical activity programmes that equip members with comprehensive knowledge to enhance their overall well-being.



3.2.

Schools

The following key principles outline strategies for designing programmes that promote HL and PL in schools.

- **Whole-school approach:** A systemic, whole-school approach is crucial for embedding PL and HL into the school culture. This involves integrating physical activity and health education into all aspects of the school day, including before- and after-school activities, from active recesses and classroom activity breaks to physically active lessons that tie into the broader curriculum. This approach ensures that every student, regardless of physical abilities, has access to movement and HL promotion.
- **Quality physical education:** Quality physical education is the cornerstone for developing PL and HL in schools. It provides structured opportunities for students to acquire the knowledge and skills necessary to maintain a physically active lifestyle. Effective physical education programmes are inclusive, offering challenging activities for all ability levels and encouraging a positive attitude toward physical activity.

- **Inclusion:** Schools should offer a variety of physical activities that are inclusive and appealing to all students, regardless of gender, physical ability, or cultural background. This can include traditional sports, creative movement activities and non-competitive physical pursuits that encourage lifelong participation.
- **A systematic approach:** Policies must be changed to have a “systemic” approach. The general educational focus needs to be put on Physical Activity/Physical Education/PL/HL and curriculums need to be adapted progressively.
- **Involvement of all school staff:** The involvement of all school staff from teachers to administrative personnel, is essential in promoting a culture of HL and PL. When school staff model active lifestyles and support health-promoting initiatives, they create an environment that encourages students to engage in healthy behaviours. Biology could be a subject that raises the importance of physical education and health—a way to help students better understand the concepts of PL and HL.
- **Health-promoting activities:** The inclusion of health-promoting activities like cardiopulmonary resuscitation (CPR) and healthy cooking could further benefit the promotion of a healthy lifestyle.
- **Engagement of a broader community:** The engagement of families and a broader community is critical in reinforcing the values of PL and HL taught at school. Schools should facilitate active communication with parents, involve them in health and physical activity initiatives, and create opportunities for family and community participation in physical and health activities.
- **Safe, supportive, diverse environments:** Schools must provide adequate, safe, supportive and diverse environments that encourage active participation in physical activities. This includes well-maintained playgrounds, adequate safe routes for active transportation to and from school, and inclusive spaces where all students feel comfortable engaging in physical activities and active recess. Different opportunities could be added, such as active homework to do at home with the family and activities to share with friends and family.
- **PL and HL model development:** The school is also the setting for developing a PL and HL model, showcasing, marketing, communicating, and advocating for it among the teachers, principals, families, and students.



3.3.

Communities

The following key principles provide a foundation for designing effective and inclusive health initiatives in community settings.

- **Active transportation:** Encourage walking, cycling, and other forms of active transport. This promotes physical activity, contributing to both physical health and social cohesion. High PL and HL levels in turn empower individuals, city planners, and designers to value and choose health-beneficial travel options.
- **Autonomy:** Foster individual empowerment in health choices. Programmes that blend purposefully designed movement experiences with social and nutritional engagement help participants take responsibility for their own health.
- **Intergenerational connections:** Encourage programmes that involve multiple generations in physical activities, which supports knowledge-sharing and relationship-building. This can be significant for sustaining HL and PL across different age groups.
- **Cross-sector collaboration:** Partner with various sectors and local organisations. Such collaborations leverage collective resources and expertise, enhancing program effectiveness and sustainability.
- **Digital innovation:** Integrate new methods, including digital tools, to engage the community and facilitate HL. Digital interventions like eHealth can improve health behaviours, particularly among parents and children.
- **Physical environmental design:** Validate and develop movement opportunities based on the holistic view that PL and HL offer. Ensure that everybody is taken into consideration, irrespective of abilities (physical, social, creative, and psychological) and interests. That will build a society where everybody can participate and thrive through movement.
- **Assessment:** Regularly evaluate programme effectiveness to ensure it meets community needs and reaches set PL and HL goals.
- **Risk and safety:** Aim for adequate safety, as opposed to maximal safety, which might mean removing opportunities for challenging and thrill-seeking play that is crucial for children's development.



3.4. Health Centres

The following key principles outline strategies for designing programmes and initiatives that promote HL and PL in health centres.

- **Personal capacity building:** Empower individuals with knowledge, skills, and attitudes to manage their own health through educational support. Health centres can foster a nurturing environment to enhance individuals' control over their own health, using personalised and collaborative approaches essential for effective self-management.
- **Health literacy (HL):** Health Literacy is a dynamic concept that refers to an individual's knowledge, perceptions and behaviour based on complex interactions about their health and disease. Health literacy encompasses individuals' knowledge, motivation, and competence, which enable them to access, understand, appraise, and apply health information in everyday decision-making processes concerning health promotion, disease prevention, and health care. Besides general HL, specific HLs such as communicative, navigational, vaccination and digital HL play an essential role in today's healthcare and society. HL is not determined solely by the abilities of individuals within the population but also by the responsiveness of health systems and services.
- **Digital health literacy:** As healthcare increasingly digitalises, digital health literacy becomes essential, ensuring patients can access and navigate digital health resources confidently. Promoting accessibility, providing digital resources, and training healthcare workers are central to ensuring equitable healthcare for all, particularly those facing barriers.
- **Lifelong learning:** Continuous health education allows individuals to adapt to health changes over time. Health centres can support lifelong learning, collaborating with educational institutions and other communities to promote and increase PL and HL throughout different life stages. This ultimately fosters resilient communities and empowers them to take better care of their health.
- **Individual to collective action:** HL should extend beyond individual empowerment to support collective actions, enabling sustainable, community-wide health improvements. This involves building healthy and active movement habits that address mental health and fundamental needs through collaborative and supportive environments.
- **Social cohesion:** Promoting social cohesion within communities strengthens the effectiveness of HL and PL initiatives, builds a sense of community, and improves overall societal well-being and resilience.

- **Physical literacy:** PL involves developing the competence and confidence to engage in diverse physical activities essential for overall health and well-being. Inclusive and comprehensive programmes that involve various stakeholders ensure a broad approach to promoting physical literacy.
- **Evaluation and assessment:** Validated assessment tools support personal capacity building by enabling self-assessment and improving HL. These tools contribute to evidence-based programming and help ensure the accuracy and effectiveness of HL initiatives.

4. Conclusion

These principles provide a foundation for designing and implementing effective HL and PL programmes and initiatives in the four settings, namely schools, sport clubs, communities, and health centres. They reflect a synthesis of previous research and additional insights gained from the work on the MfH project across the four abovementioned settings, ensuring they are contextually relevant.

However, it is important to acknowledge that this document does not encompass all possible principles. HL and PL are dynamic and evolving fields, and the unique needs of specific contexts may reveal additional principles not captured here. As practitioners and researchers continue to innovate and adapt, these principles can serve as a starting point for creating inclusive, impactful, and sustainable programmes and initiatives that empower individuals and communities to lead healthier, more active lives.



Co-funded by
the European Union

D2.2. Principles/model of Physical and Health Literacy, and Community development under the Work Package 2 – Building a MOVING for HEALTH Network and mapping of current resources, strategies, and initiatives for MOVING for HEALTH model

WP2 leading organisation: EUPEA and co-lead by Human Kinetics Faculty (FMH), Lisbon

Project is funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.